

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- a Print your name and address. on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Steven & Larsen

Residence + 14y nt

Insurance Commissioner

Maryland

*S-a5" St. tea L., I Fare*3GA Baltimore MD 202

2. Article Number

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

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Agent

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B. Received by (Printed, Name) ~

C. Date of Delivery

D. Is delivery address dif

MAR 05 2003 YesVIAND INSURANCE
ADMINISTRATION

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail O.C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes913

102595-02-M-1035s

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box

GREENBERG & BEDERMAN

1111 Bonifant Street

Silver Spring, MD 20910

JH, Beth Scott complaint